

KENTUCKY STATE BOARD OF PSYCHOLOGY

**PO Box 1360
Frankfort KY 40602**

NONRESIDENT PSYCHOLOGIST REGISTRATION FORM

Name of nonresident psychologist: _____

Current Address: _____

Permanent Address: _____

Current Phone No. _____

Permanent Phone No. _____

Current Fax No. _____

Permanent Fax No. _____

Current E-Mail _____

Permanent E-Mail _____

KRS 319.015(8) allows a nonresident psychologist temporarily employed in the state to render psychological services for no more than thirty (30) days every two years.

Please specify where you will be employed in Kentucky:

Please indicate a contact person (address & telephone number) who can verify your employment and scope of work:

In what state of jurisdiction are you currently licensed or certified to practice psychology?

Have you had any complaints against your license in the past, or pending? Is your license presently in good standing? Describe in detail:

Signature: _____

Date: _____

Please have your State Board of Psychology send direct verification of your license and the fact that it is in good standing to the Kentucky State Board of Psychology at the address listed above. This must be received before you can practice.

Upon completion of the thirty (30) day period, the nonresident licensee or certificate holder shall submit a written report to the Board of each date on which psychological services were rendered in this state, and the location of the site of those services on a given date, regardless of time of those services, shall constitute one (1) day.